

Youth Activity and Medical Release (2021-2022)

(Please note that both sides must be completed.) Today's Date: ____/____/____

Name of Youth (First, Middle, Last)	Date of Birth	Age

Please list all medical conditions limiting youth's activities (i.e. food allergies, medication allergies and physical limitations.)

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Is your youth baptized? Please check one: Yes No
Is your youth Confirmed? Please check one: Yes No

Home Address: Street	City	ZIP

Parent/Guardian (1) Information

Name	Email Address	Cell No. (include area code)

Check if same address as youth's Yes No

Home Address: Street	City	ZIP

Parent/Guardian (2) Information

Name	Email Address	Cell No. (include area code)

Check if same address as youth's Yes No

Home Address: Street	City	ZIP

Emergency Contact Information

Name	Email Address	Cell No. (include area code)

Relation to Youth

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Pick Up arrangements; Please list all adults to whom your youth may be released. (First/last name)

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Insurance Information:

(Please attach a copy of your insurance card to this form.)

Insurance Co.: _____ Group #: _____ Policy #: _____
 Cardholder: _____ Relationship to Cardholder: _____
 Insurance Co. Address: _____
 Insurance Co. Phone: (____) _____ - _____

The youth named above has my consent to participate in the youth ministry of the United Methodist Church of Vista (UMCV) and any organization that is utilized by UMCV in a youth activity. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named youth.

I/We the undersigned have legal custody of the youth named above, a minor, and have given our consent for him/her to attend the activities of UMCV's Youth Ministry. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and required the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of the medical care not be reimbursed by the health insurance provided. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/Guardian (printed name and signature):	Date

Photo Release

I am aware that photographs or video may be taken of the United Methodist Church of Vista (UMCV) Children's Ministry participants during events, activities and classes by UMCV volunteers and staff members, professional volunteers, news media or volunteers. I also understand that my child is not required to have his/her picture taken. I waive the right to see or approve of publications that contain photographs of my child. I release UMCV and its representatives from responsibility for any harm or invasion of privacy that may occur or be produced by taking photographs or video of my child. I give UMCV and its representatives permission to use photographs or video that include my child in any and all media products for promotion, art, advertisements and editorial purposes. This may include but is not limited to newsletters both print and email, posters, brochures, ads, postcards and web pages.

I certify that I have read the above authorizations, release and agreement, and fully understand what this document says.

____ Yes, I agree to the above stated photo release. ____ No, I do not agree to the above stated photo release.

Parent/Guardian (printed name and signature):	Date